

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013357

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1569

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Gen. Hospital</u>		d. STREET ADDRESS <u>3200 Norledge</u>	
3. NAME OF DECEASED (Type or print) First <u>LEAH</u> Middle <u>M</u> Last <u>JACKS</u>		4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>59</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 6, 1879</u>
9. AGE (In years and months) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Wiggins Colo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rubin Jacks</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Shelton Jacks</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Reginald Jacks</u> Address <u>3618 Woodland - K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Amputation Right mid leg</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11500</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:10 A M</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Parkville</u>	
20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>3-10-59</u> to <u>3-24-59</u> and last saw her alive on <u>3-24-59</u> ✓ Death occurred at <u>4:10 A M</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Abraham Galperin</u> (Degree or title)		22b. ADDRESS <u>Gen. Hospital</u>	
22c. DATE SIGNED <u>3-24-59</u>		23a. CREATION <u>Burial</u> (Specify)	
23b. DATE <u>March 27, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	
23d. LOCATION (City, town, or county) <u>Parkville</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Leland H. Harris</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-59</u>	
26. REGISTRAR'S SIGNATURE <u>newmanishall</u>			

(Licensed Embalmer's Statement on Reverse Side)

Abraham Galperin in Missouri ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms with no causal relation.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Haddon E Francis....., Student Embalmer No. 570.....

working under my personal supervision.

Student William E Francis.....
Signature of Student Embalmer

Signed Leland H Francis.....

Licensed Embalmer No. 3451.....

P. O. Address Parkville, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.